

Attorney Docket No.: 070602-0170

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

William C. Lynch

Serial No.: 09/987,338

Filed: November 14, 2001

For: SPACE-BASED SERVER
NETWORK ARCHITECTURE

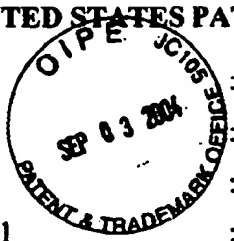
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Customer Number: 31824

Confirmation No.: 6895

Group Art Unit: 2685

Examiner: Thuan T. Nguyen



Fee charged
PAID
mail
5-19-05

RECEIVED

SEP 07 2004

Technology Center 2600

AMENDMENT

Dear Sir:

In response to the Office Action mailed March 29, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 31 of this paper.



PAID

05/20/2005 MGRAVES 00000002 502203 09987338

01 FC:1202

10.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/987338

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	138 minus 20 =	118
INDEPENDENT CLAIMS	2 9 minus 3 =	7
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

11-14-01

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 138	Minus	** 138 = 0
	Independent	* 9	Minus	*** 9 = 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

4-14-03

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 184	Minus	** 138 = 46
	Independent	* 9	Minus	*** 9 =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

9-3-04

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 185	Minus	** 184 = 1
	Independent	* 9	Minus	*** 9 =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	740.00
X\$18=	2124
X84=	588
+280=	
TOTAL	3452

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	NO
X84=	FEE
+280=	DUE
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	828
X84=	
+280=	
TOTAL	828
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	18
X84=	
+280=	
TOTAL	18
ADDIT. FEE	